



CERRITOS COLLEGE DUAL ENROLLMENT DISTRICT AUTHORIZATION FORM

SECTION I: INSTITUTION INFORMATION

Academic Year: _____

This allows Cerritos College Admissions, Records, & Services to verify signatures from designated counselors and/or administrators authorized to sign Dual Enrollment forms. Admissions, Records, & Services must receive the Authorized Signature form prior to any of your students concurrently enrolling at Cerritos College.

Name of Institution: _____

Address: _____
Number and Street City / State Zip Code

Contact Name*: _____ Contact Fax: _____

Contact Telephone Number: _____ Contact Email: _____

**All pertinent forms and information will be provided to the contact person only.*

This institution is a: Public School Private School Home School Other _____

SECTION II: DISTRICT AUTHORIZATION

Principal (Print Name) _____ Principal's Signature _____ Date _____

Head Counselor (Print Name) _____ Signature _____ Date _____

Print Name & Current Position _____ Signature _____ Date _____

Print Name & Current Position _____ Signature _____ Date _____

Print Name & Current Position _____ Signature _____ Date _____

Submit completed form to dualenrollment@cerritos.edu

Cerritos College Office Use Only

Staff Initials: _____ Date: _____

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Summer Session Certification

Original Form must be mailed by the school

I certify, as a principal of _____, that all pupils recommended for Summer _____ meet all of the following criteria:

1. Each pupil demonstrates adequate preparation in the discipline to be studied.
2. Each pupil has exhausted all opportunities to enroll in an equivalent course at his or her school of attendance.
3. The total number of recommendations complies with the requirement allowing only 5% of the total number of students enrolled in the high school's grade level to be recommended for admissions to Cerritos College.

The total student enrollment for the Summer _____ academic term.

K-8 Please check here.

9th grade _____ x 5% = _____

10th grade _____ x 5% = _____

11th grade _____ x 5% = _____

12th grade _____ x 5% = _____

Principal: _____
(Print Name)

Email: _____

Principal Signature: _____

Date: _____

Submit completed form to dualenrollment@cerritos.edu

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Staff Initials: _____

Date: _____